

JHA Number (optional): _____		JOB HAZARD ANALYSIS		Page _____ of _____
Workplace/Activity/Job/Operation:			Date:	
JHA Performed By:	Supervisor:	Org. Code:	Location (Building/Room/Area):	
<p>Supervisors ensure the following:</p> <ul style="list-style-type: none"> Employees review the JHA prior to performing the activity/job/operation for the first time, or when changes are made to the activity/job/operation that affect existing controls, or when they have not performed the activity/job/operation regularly for an extended period of time (approx. 6 months). Employees sign the signature sheet or other method identified by the supervisor to indicate they understand the hazards/concerns and the actions taken to eliminate/control them. The JHA is easily accessible to employees. Posting adjacent to the activity/job/operation is one method. There is a one-to-one relationship between an identified concern/hazard and the actions necessary to control it 				
Rationale why this job/task is considered as "low or minimal risk" and not "high or moderate risk" where a more indepth hazard analysis is required. Refer to MWI 8715.15, "Ground Operations Safety Assessment Program" for more information.			List specific Personal Protective Equipment (PPE) and/or training required for this job/task.	
<p>Does this JHA serve as the workplace hazard assessment for this activity/job/operation? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If this JHA does not serve as the workplace hazard assessment for this activity/job/operation an additional workplace hazard assessment is required. See MWI 8715.4, "Personal Protective Equipment (PPE) and Systems" and 29 CFR Part 1910.132(d).</p>				
No.	Steps containing the potential to create a hazard	Description of the hazard (Be specific)	Action to eliminate/control the hazard (Be specific)	

JHA Number (optional): _____

JOB HAZARD ANALYSIS

(Continuation Sheet)

Page _____ of _____

No.	Steps containing the potential to create a hazard	Description of the hazard (Be specific)	Action to eliminate/control the hazard (Be specific)

JHA Number (optional): _____

JOB HAZARD ANALYSIS

(Continuation Sheet)

Page _____ of _____

No.	Steps containing the potential to create a hazard	Description of the hazard (Be specific)	Action to eliminate/control the hazard (Be specific)

JHA Number (optional): _____

JOB HAZARD ANALYSIS

(Continuation Sheet)

Page _____ of _____

No.	Steps containing the potential to create a hazard	Description of the hazard (Be specific)	Action to eliminate/control the hazard (Be specific)

<div> JHA Number (optional): _____ <div> EMPLOYEE SIGNATURE PAGE <div> Page _____ of _____ </div> </div> </div>				
Job/Task Name or Description:			Location (Building/Room/Area):	
No.	Employee Name (print)	Employee Signature	Org Code	Date
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				
21.				
22.				
23.				
24.				